Form R-309 07012014

2022 060442



PERMIT

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	MUISE JR, WILLIAM	T					
	Place of Death	16 C STOWE ROAD, SOUT	THBOROUGH, MA					
LN	Date of Death	DECEMBER 10, 2022	Date of Birth	NOVEMBER 30, 1964	Sex MALE			
DEN	Residence 16C STOWE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
ECE	If U.S. veteran, sp	oecify war/conflict(s) (most recent)						
-	Branch of militar	y (most recent)	Rank/organiz	zation/outfit(most recent)				
	Date entered(mos	st recent)	Date Discharged (most recent)	Service Number(most re	cent)			
_	Certifier ROBE	CRT M. WELTON, MD		Lic # 256257				
FIER	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118							
CERT	Immediate Cause PENDING	of Death						
Ľ	Linding							
Th	is permit autho	rizes the following Funeral Sc	ervice Licensee or Designee to r	emove, dispose or transport	remains as listed below:			
z	Funeral Licensee	Designee CHRISTOPHER N	1 RONEY	Lic # 50559				
110	Facility. RONE	Y FUNERAL HOME, GRAI	TON, MASSACHUSETTS					
S	Disposition Type CREMATION			Date of Disposition DECEMBER 16, 2022				
DISPO	Place/Address		700	DODOGDO MANOO A CHINOD	TTTT0 04 400			
10	ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603							

Endorsements

	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH			
M	State Tracking #	060442		Local Permit #	E-PERMIT	
PER	Date	DECEMBER	16, 2022	Date		
				Name of Agent		
N O	I hereby certify that the remains were disposed of in accord			cordance with its t	erms at the place and date below:	
ΙΞ	Place of Disposition	(Facility Name o	and Address)		Signature	
FIRMA	All Faiths Crematory, Worces			ter	x your jung	
0	Disposition Type Date of Disposition			Name of Superintendent of Authorized Designee:		
0	Cremation 12/20			20/2022	Paul A. Druin	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

Form R-309 07012014

nformation necessar	y for the	Certificate	of Death has	s been	completed for:
---------------------	-----------	-------------	--------------	--------	----------------

1111	ormation necess	sary for the Certificate of Death na	is been completed	a ior:					
	Decedent Name	MORRISON, EMILY ELI	ZABETH						
	Place of Death	Place of Death 257 CORDAVILLE ROAD, SOUTHBOROUGH, MA							
-	Date of Death	DECEMBER 27, 2022	Dat	te of Birth	NOVEMBER 29, 1929	Sex	FEMALE		
DEN	Residence	257 CORDAVILLE ROAD, SOU	THBOROUGH,	MASSA	CHUSETTS 01772				
DECE	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)							
-	Branch of militar	y (most recent)	R	ank/organi	zation/outfit(most recent)				
	Date entered(mos	st recent) Do	ate Discharged (mos	st recent)	Service Number(most r	ecent)			
~	Certifier CONN	NIE DREXLER, MD			Lic # 71130				
FIE	Addr. 112 MAI	N STREET, SUITE 108, NORTH	BOROUGH, MA	SSACHU	JSETTS 01532				
CERTI	Immediate Cause END STAGE								
Th	nis permit autho	rizes the following Funeral Service	e Licensee or Des	ignee to r	remove, dispose or transpor	t remains	as listed below:		
z	Funeral Licensee	/ Designee SCOTT A. JOHNSTON			Lic	# 6373			
T10	Facility. MORI	RIS-JOHNSTON FUNERAL HON	ME, INC., SOUT	HBORO	UGH, MASSACHUSETTS	•			
S	Disposition Type	BURIAL			Date of Disposition JAN	UARY 0	3, 2023		
DISPO	Place/Address SOUTHBORG	OUGH RURAL CEMETERY, 11 C	CORDAVILLE R	ROAD, SC	OUTHBOROUGH, MASSA	CHUSET	TS 01772		
En	dorsements								
	Registry of Vital	Records and Statistics	Board of Health/	Agent for:	SOUTHBOROUGH				
TIM	State Tracking #	063255	Local Permit #	E-PERM	11T				
PER	Date	JANUARY 02, 2023	Date						
			Name of Agent						

_	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH				
<u>F</u>	State Tracking #	063255	Local Permit #	E-PERMIT			
PER	Date	JANUARY 02, 2023	Date				
			Name of Agent				
z	Z I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						

N O	I hereby certify that the remains were disposed of in accordan	ice with its terms at the place and date below:
Ξ	Place of Disposition (Facility Name and Address)	Signature
RMAT	11 Carmine le, southenviet m.	
FI	520.1, LOT 37H, GU. 3	x X X X X X X X X X X X X X X X X X X X
0	Disposition Type / Date of Disposition	Name of Superintendent or Authorized Designee:
၁	FOIL EMILL SMIT VAN. 3 200	23 Enner A Single

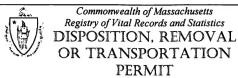
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 1 22 2022 048554

Information necessary	for the	Certificate of	f Death ha	s been	completed for:
-----------------------	---------	----------------	------------	--------	----------------

	Decedent Name	BELLI, RIC	CHARD S						
	Place of Death	152 MARLBOR	RO ROAD, SOU	THBOROUGH,	MA				
ΤN	Date of Death	OCTOBER 06,	2022	Da	ite of Birth	MAY 13, 1934	Sex	MALE	
DEN	Residence 152 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECEL	If U.S. veteran, specify war/conflict(s) (most recent)						***		
DE	NO				D I-/				
	Branch of military	y (mosi receni)			kanworgani 	zation/outfit(most recent)			
	Date entered(mos	t recent)	i	Date Discharged (mo	st recent)	Service Number(mo	st recent)		
ER	Certifier SHUN	-HOW LEE, ME)			<i>Lic</i> # 58531			
IFI.			D, SUITE 503, F	RAMINGHAM,	MASSAC	HUSETTS 01702			
CERTIFIER	Immediate Cause	<i>of Death</i> E HEART FAIL I	IIDF						
٥	CONGESTIVE	THEART FAIL							
Th	is permit autho	rizes the followin	g Funeral Servi	ce Licensee or De	signee to r	emove, dispose or transp	ort remains	as listed below:	
z	Funeral Licensee/ Designee BRIAN C. MCKINNEY Lic # 50106								
01.	Facility. MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS								
081710	Disposition Type CREMATION Date of Disposition OCTOBER 14, 2022						4, 2022		
SPO	Place/Address								
DI	SAINT MICH	AEL CREMATO	DRY, 500 CANT	ERBURY STRE	ET, BOST	ON, MASSACHUSETTS	S 02131		
En	dorsements		-		_				
		Records and Statis	etice	Roard of Health	/Agent for:	SOUTHBOROUGH			
RMIT	State Tracking #	048554		Local Permit #	E-PERM				
R		OCTOBER 1	1 2022		E-I ERIV	11.1			
PE	Date	OCTOBERT	1, 2022	Date					
				Name of Agent					
N	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
ATION	Place of Dispositi	ion (Facility Name a	and Address) Mi chae l Cre	matory	Signatur	e			
MA			Ö Ca nterbury		De.	1 1 1 ())		
CONFIRM			Boston, MA (\X///	uchael &	heeha	201	
ON	Disposition Type		Date of Disposition	n	Name of	Superintendent or Authorized		0.34	
C	Crem	ation	10/15/2	022		Michael D. Sl	neehan,	G.M.	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

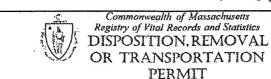
2021-03-26 18:48:15 GMT

15089837772 RECEIVED

From: Pickering Funeral Homes

SOUTH TOROUGH TOWN CLERK

State File #



9 HICKORY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name MCDONALD, SHANNON H 9 HICKORY ROAD, SOUTHBOROUGH, MA Place of Death

Date of Death

MARCH 26, 2021

Date of Birth AUGUST 30, 1965

Sex **FEMALE**

If U.S. veteran, specify war/conflict(s) (mostrecent)

NO

Residence

Branch of military (most recent)

Rank/organization/outfit(mostrecent)

Date entered (most recent)

Date Discharged (most recent)

Service Number (most recent)

Lic # 77651

Certifier DEBORAHSCHRAG,MD

Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUS ETTS 02215

Immediate Cause of Death APPENDICEALCANCER

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee DAVID A PICKERING

Facility. WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition MARCH26,2021

Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT State Tracking # 016076 Local Permit # MARCH 26, 2021 Date Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address) RUNI CHINETEDO 11 Con DAVILLE 16

Signature

Name of Superint

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal:

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

RECEIVED SOUTHEDROUGH TOWN CLERK

No. 1462	6	remation Affida	alon oct -6 P	3:00
I ceatify that he	vein are contained the c	THE PROPERTY OF THE PARTY OF	The state of the state of the state of	
Holly P	rancine Gould.		<u> </u>	E 5413 5
Cremated on the	29th	day of _		st 2022
Date of death	<u> </u>		Death County	<u>Broward</u>
	Femil#	<u> 2022-503990</u>	<i>11-5195</i>	
Funeral Home	<u> American Cremat</u>	tions NASA X		
Treasure Coast C	rematory.	BUNTA		

The CROWNER NEWALLS OF FERRING CHATEN ABOVE WESLE) 15/05ED

OF IN ACCOMMENTE WITH 1TO TEXAS AT:

RUMP COMMETTEN!

11 CONSTRUCE RO., SONTHERWISH, MA
SEC. 15, 20735, CROWNER

ON: OCTOBER 1, 2022

Enricht. Greenel





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

Stal Delle #EP 30 A 2022 046286

Form R-309 07012014

Information necessary for the Cartificate of Death has been completed for:

Info	ormation necessary for the Certificate of Death ha	s been completed for:					
	Decedent Name LANGWAY, URSULA LUI	ISA					
	Place of Death 7 BLUEBERRY LANE, SOUTHI	BOROUGH, MA					
LN	Date of Death SEPTEMBER 25, 2022	Date of Birth	AUGUST 06, 1934 Sex FEMALE				
123	Residence 7 BLUEBERRY LANE, SOUTHI	BOROUGH, MASSACH	USETTS 01772				
DECED	If U.S. veteran, specify war/conflict(s) (most recent)						
DE	NO Branch of military (most recent)	Rank/organ	nization/outfit(most recent)				
			Samira Number(mont recent)				
	Date entered(most recent) Date	ute Discharged (most recent)	Service Number(most recent)				
. R	Certifier LI MING HU, MD		Lic # 81535				
RTIFIER	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702						
CERT	Immediate Cause of Death FAILURE TO THRIVE						
Th	is permit authorizes the following Funeral Service	e Licensee or Designee to	remove, dispose or transport remains as listed below:				
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277						
SITION	Facility: MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS						
081	Disposition Type BURIAL Date of Disposition SEPTEMBER 28, 2022						
ISPO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
1 a	NOTICE CONTENTS IN						
En	dorsements						
_	Registry of Vital Records and Statistics	Board of Health/Agent for	r: SOUTHBOROUGH				
ERMIT	State Tracking # 046286	Local Permit # E-PER	MIT				
PER	Date SEPTEMBER 28, 2022	Date					
		Name of Agent					
z	I hereby certify that the remains were disposed of in ac	ecordance with its terms at t	he place and date below:				
ATION	Place of Disposition (Facility Name and Address)	Signatu	ire				
MA	I Carry Ko Sambanden	il ma	I Silver				
NEIRM	Gre III. GILLATIG		2. MMUN7				
CON	Disposition Type Date of Disposition		f Superintendent or Authorized Designee:				
_	THE EMENT COURCE Gest.	28, 2022	Ounder to Giverier				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

Mille File # 30

Form R-309 07012014

Info	nformation necessary for the Certificate of Death has been completed for:								
	Decedent Name	Decedent Name FERRAZ, JESUSMARIO FRANCISCO							
	Place of Death	134 WOODLAND ROAD, SOU	THBOROUGH, M	I A					
T	Date of Death SEPTEMBER 15, 2022 Date of Birth MAY 23, 1964 Sex MALE							MALE	
DENT	Residence	Residence 1038 MAIN STREET, UNIT 3L, WORCESTER, MASSACHUSETTS 01603							
ECE	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)							
D	Branch of militar	Ra 	Rank/organization/outfit(most recent)						
	Date entered(mos	t recent)	Date Discharged (most –	recent)	Serr	vice Number(most recei	it)		
R	Certifier BRAD	LEY A. SWITZER, MD			Lic	# 233914			
RTIFIE	Addr. 1 EATON PLACE, WORCESTER, MASSACHUSETTS 01608								
CERT	Immediate Cause BOWEL PERI								
Th	is permit autho	rizes the following Funeral Servic	ce Licensee or Desi	gnee to r	emove, disp	oose or transport re	mains	as listed below:	
z	Funeral Licensee.	Designee SCOTT A. JOHNSTON	N			Lic # (6373		
SITION	Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS								
081		CREMATION		Date of Disposition SEPTEMBER 20, 2022					
d S I Q	Place/Address RURAL CEM	ETERY (CREMATORY), 180 G	ROVE STREET, V	WORCES	STER, MA	SSACHUSETTS 01	605		
En	dorsements								
٦	Registry of Vital	Records and Statistics	Board of Health/A	Agent for:	SOUTHBO	ROUGH			
MIT	State Tracking #	044668	Local Permit #	E-PERM	IIT				
PER	Date	SEPTEMBER 19, 2022	Date						
			Name of Agent						
N	I hereby certify	that the remains were disposed of in a	accordance with its te	rms at the	e place and d	ate below:			
Place of Disposition (Facility Name and Address) Signature									

Cremation Acceptance of Permit

Disposition Type

CONFIRMAT

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Name of Superin

David Berthiaume

Date of Disposition)

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000658877 Form R-309 07012014



Commonwealth of Massishusers ROUGH TOWN CLE

Registry of Vital Records and Statistics

State File #
DISPOSITION, REMOVAL 8 P 2

OR TRANSPORTATION

PERMIT

P 2: 11

2022 034287

Information necessary for the Certificate of Death has been completed for:

	OI MILLON ROCCO	sary for the certification		and has been comple	101.			
Г	Decedent Name	JOHANSEN,	KAREN	J				
	Place of Death	40 SEARS ROA	D, SOUTH	BOROUGH, MA				
F	Date of Death	JULY 14, 2022		L	Date of Birth	SEPTEMBER 16, 1956	Sex	FEMALE
DEN	Residence	40 SEARS ROA	D, SOUTH	BOROUGH, MASS	ACHUSET	TS 01772		
ECE	If U.S. veteran, sp NO	pecify war/conflict(s)	(most recent,	·)				
4	Branch of militar	y (most recent)			Rank/organi	zation/outfit(most recent)		
	Date entered(mod	st recent)		Date Discharged (m	ost recent)	Service Number(most re	cent)	
_	Certifier JILL	ALLEN, MD				Lic # 226499		
RTIFIER	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114							
ERTI	Immediate Cause of Death PANCREATIC ADENOCARCINOMA							
5	PANCREATION	C ADENOCARCI	INOMA					
TI	is permit autho	rizes the following	g Funeral S	Service Licensee or D	esignee to r	emove, dispose or transport	remains a	as listed below:
		Designee NANCY					# 50277	
TION	1	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS						
SI	1	CREMATION	·	•		Date of Disposition JULY	Y 18, 2022	2
SPO	Place/Address							
I a	RURAL CEM	ETERY (CREMA	TORY), 18	80 GROVE STREET	, WORCE	STER, MASSACHUSETTS	01605	
Er	dorsements							
_	Registry of Vital	Records and Statist	tics	Board of Healt	h/Agent for:	SOUTHBOROUGH		
MIT	State Tracking #	034287		Local Permit #	E-PERM	OT .		
PER	Date	JULY 15, 2022		Date				
				Name of Agent				

Acceptance of Permit

Disposition Type

Cremation

Place of Disposition (Facility Name and Address)

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

Name of Superintendent or Authorized Designee:

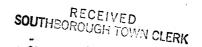
John H Cobill

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

tural Cemetery 30 Gime Surel 30 Gime MA DI605

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







Commonwealth of Massachuseits Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

2022 033847

FEMALE

Form R-309 07012014

Information necessary	for the Certificate	of Death has been	completed for:
-----------------------	---------------------	-------------------	----------------

Decedent Name KENSINGER, MARIE A

Place of Death 4 MAPLE STREET, SOUTHBOROUGH, MA

Date of Death **JULY 11, 2022** Date of Birth OCTOBER 29, 1938

Residence 4 MAPLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01745

If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered(most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier STEVEN COFFIN, MD

Addr. 246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752

Immediate Cause of Death

END STAGE RENAL DISEASE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee NANCY G MORRIS

Lic # 50277

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type BURIAL

Date of Disposition JULY 15, 2022

Place/Address

RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Lic # 286233

Endorsements

١	_ LR	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
:	-	State Tracking # 033847		Local Permit #	033847	
	E L	Date	JULY 13, 2022	Date	JULY 14, 2022	
				Name of Agent	JAMES F. HEGARTY	
	z I	hereby certify tha	at the remains were disposed of in ac	cordance with its	terms at the place and date below:	

Place of Disposition (Facility Name and Address)

Signature

Date of Disposition

X Name of Su

Acceptance of Permit

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Form R-309 07012014

Commonwealth of Massachusetts SOUTHBO Registry of Vital Records and Statistics State I

DISPÓSITION, REMOVAL

PERMIT

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BARTOLINI .	JR, LEO F					
	Place of Death	62 OAK HILL	ROAD, SOUTHE	OROUGH, MA				
	Date of Death	JULY 21, 2022		Date	e of Birth	MAY 12, 1950	Sex	MALE
	Residence	62 OAK HILL	ROAD, SOUTHB	OROUGH, MAS	SACHUS	SETTS 01745		
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) —			Ro	ank/organiz -	cation/outfit(most recent)		
	Date entered(mos	st recent)	<i>D</i> .	ate Discharged (mos -	t recent)	Service Number(mo.	st recent)	
~	Certifier JOSE	PH HARRINGT	ON, MD			Lic # 160004		
FIE	Addr. 74 MAIN	N STREET, FRA	MINGHAM, MA	SSACHUSETTS	01702			
CERTIFIER	Immediate Cause CONGESTIVI	of Death E HEART FAI L	URE					
Th	is permit autho	rizes the following	ng Funeral Servic	e Licensee or Desi	ignee to r	emove, dispose or transp	ort remains	as listed below:
7	Funeral Licensee	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373						
101	Facility. MORI	Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS						
SIT	Disposition Type	BURIAL				Date of Disposition J	ULY 27, 202	2
DISPOSITION	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
_	Registry of Vital	Records and Stat	istics	Board of Health/	Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	036018		Local Permit #	E-PERM	ПТ		
ER	Date	JULY 27, 20	22	Date				
				Name of Agent				
N	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
CONFIRMATION	Place of Disposition (Facility Name and Address) NAME CONSERVY 11 Condition (Facility Name and Address) SEC 11-EACT, LOT ASA, LAW. 2		vel, MA	Signature X	Superintendent or Authorized	44		
	Disposition Type FULL GAR	af Einne	Date of Disposition	2032	Name of	Superintendent or Authorized	Designee: SILEIL	1/

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Market Company



Acceptance of Permit

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Disposition

Name of Supering

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22520

RECEIVED SOUTHER ROUGH TOWN CLERK





State File # 15 JUN 15 2021 053406

000	0595537 OR 7	TRANSPORTATION PERMIT					
Inf	ormation necessary for the Certificate of Death ha	as been completed for:					
DECEDENT	Place of Death 184 CORDAVILLE ROAD, SOU Date of Death NOVEMBER 08, 2021 Residence 184 CORDAVILLE ROAD, SOU If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent)	ANE UTHBOROUGH, MA Date of Birth JUNE 15, 1940 Sex FEMALE UTHBOROUGH, MASSACHUSETTS 01772 Rank/organization/outfit(most recent) ate Discharged (most recent) Service Number(most recent)					
CERTIFIER	Certifier CONNIE DREXLER, MD Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 Immediate Cause of Death RES PIRATORY FAILURE						
Tł	is permit authorizes the following Funeral Servic	e Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION							
En	dorsements						
PERMIT	Registry of Vital Records and Statistics State Tracking # 053406 Date NOVEMBER 12, 2021	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date Name of Agent					
CONFIRMATION	I hereby certify that the remains were disposed of in a constant of the place of Disposition (Facility Name and Address) LUGAL (SINGLE) II CONDANCE DO THE MARKET OF THE PROPERTY OF THE PRO	Signature X					

Acceptance of Permit

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

別a時間 A 4: 2029 055377

OCME CASE # 2019-15665

0000127133

Fon	m R-309 07012014		PERMI	1			
Inf	formation necess	sary for the Certificate of Death	has been complete	d for:			+
	Decedent Name	TITUS , ROBERT H					
	Place of Death	4 MOORE ROAD, SOUTHBO	OROUGH, MA				
۲	Date of Death	DECEMBER 09, 2019	Da	te of Birth	JANUARY 09, 1957	Sex	MALE
DENT	Residence 4 MOORE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772						
ECED	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)					
DE	Branch of militar	y (most recent)	Rank/organization/outfit(most recent)				
	Date entered(mo:	st recent)	Date Discharged (mo	ost recent)	Service Number(most	recent)	
24	Certifier ANAN	D B. SHAH, MD			Lic # 263749		
FIE	Addr. 720 ALB	ANY STREET, BOSTON, MA	SSACHUSETTS 0	2118			
CERTIFIE	Immediate Cause HANGING	of Death					
Tł	nis permit autho	rizes the following Funeral Ser	vice Licensee or De	signee to r	emove, dispose or transpor	t remains:	as listed below:
7	Funeral Licensee	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277					
101.	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS						
SIT	Disposition Type	CREMATION			Date of Disposition DE	CEMBER	12, 2019
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605						
E	dorsements						
_	Registry of Vital	Records and Statistics	Board of Health	/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	055377	Local Permit#	E-PERM	T		
PER	Date	DECEMBER 11, 2019	Date	_			
			Name of Agent				
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
TION		on (Facility Name and Address)		Signatur	2		
<	RURAL CO	7 / / / / / / / / / / / / / / / / / / /	Ms			, ~	
FIR	11 Carroll	GW. 229A	77 117	X	De Hiller	W	
CONFIRM	Disposition Type	Source Date of Disposit	ion	Name of	Superintendent or Authorized D	esignee:	,
	or Chemi	restemmes MM	14 9124		DRINGET H GIL	LENEY	/

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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2022 APR -5 A 10: 54

Michael Medeiros, Crematory Manager

#1	Commonwealth of Massachusetts								
Registry of Vital Records and Statistics State File # 2022 013368									
	DISPOSITION, REMOVAL								
000	0000628770 OR TRANSPORTATION								
For	Form R-309 07012014 PERMIT								
Inf	ormation necessary for the Certificate of Death h	s boon commission	d fam.						
		is been completed	u 10r:						
	Decedent Name DALTON, LEONARD LEI	C							
	Place of Death 59 PARKERVILLE ROAD, SOUTHBOROUGH, MA								
	Date of Death MARCH 05, 2022			/EMBER 30, 1935	Sex MALE				
N	Residence 59 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)	JANDORO UGII,	WASSACIIOS	E1 13 01/12					
DEC									
_	Branch of military (most recent)	R	ank/organization/	outfit(most recent)					
	Date entered (most recent)	— ate Discharged (mo	= streeent)	Camina Numberland	-41				
		·	si recenij	Service Number(most recen	11)				
4	Certifier PAULA G. CARMICHAEL, MD			Lic # 79974					
CERTIFIER	Addr. 630 PLANTATION STREET, WORCEST	ER, MASSACHI	US ETTS 01605						
RTI	Immediate Cause of Death								
CE	PROGRESSIVE LOWER MOTOR NEURONO	PATHY							
Ti	is permit authorizes the following Funeral Servic	e Licensee or Des	ignes to remove	dispose on transment was	maima an binto dib alaum				
	Funeral Licensee/ Designee GARY F. TOYE		agnee to remove	Lic # 5					
2 0	_	ON CEDITORS	MAGGAGIN						
DISPOSITIO	Facility. ADVANTAGE FUNERAL & CREMATI	ION SERVICES							
0.8	Disposition Type REMOVAL FROM STATE Place/Address		1	Date of Disposition MARC	H 10, 2022				
ISP	NEW ENGLAND CREMATION SERVICES, 25	STARLINE WA	V. CRANSTO	N RHODE ISLAND 020	21				
۵		, DIMILLINE WA	ii, cidiibio	n, miode is limit uza	21				
En	dorsements								
	Registry of Vital Records and Statistics	Board of Health	Agent for: SOUT	THBOROUGH	····				
MIT	State Tracking # 013368	Local Permit#	E-PERMIT						
PER	Date MARCH 10, 2022	Date							
"		Name of Agent							
П	Z I hereby certify that the remain disposed of in accordance with its terms at the place and date below:								
0 N	Place of Disposition (Facility Nav NEW ENGLANI			and use below:					
ATIO	CREMATION SI		Signature						
RM	25 STARLINE WAY,	UNIT 10	I run	meder	2 0				
ONFIRM	CRANSTON, RI 029	21	X	Medent or Authorized Design					
15	Disposition Type Date of Disposition		Name of Superin	ntendent or Authorized Design	166:				

Acceptance of Permit

CREMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

3.14.2022

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t na

Michael Medeiros, Crematory Managar